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EFS ID:

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Application ID:

09682838

Title of Invention:

Apparatus and Method for Processing Multiple arrays of

Biological Probes

First Named Inventor:

David Lockhart

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2001-10-23

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

3370.1

Digital Certificate Holder:

cn=Alan B. Sherr, ou=Registered Attorneys, ou=Patent and Trademark

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Total Fees Authorized:

\$1266.0

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DA - Deposit Account

Deposit Account Number:

10431

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Alan B. Sherr

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

3370.1

Apparatus and Method for Processing Multiple arrays of Biological Probes

First Named Inventor: Dr. David J. Lockhart

SUBMITTED BY

Name:

Mr. Alan B. Sherr

Registration Number:

42,147

Electronic Signature Mark: /Alan B.

Sherr/

Date Signed: 20011023

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Attached Files:

bibd-transmittal

3370apds.xml

fee-transmittal

3370fee.xml

specification

3370.1_xml_spec.xml

declaration

decl - lockhart, pg1.tif

declaration

decl - lockhart, pg2.tif

declaration

decl - additional inventor- zarrinkar.tif

declaration

decl - additional inventor - mainquist, pg1.tif

patent-assignment

3370asgn.xml

Attached Image File(s):

decl - lockhart, pg1.tif

decl – lockhart, pg2.tif

decl - additional inventor- zarrinkar.tif

decl - additional inventor - mainquist, pg1.tif

Comments:

required)

PTO/SB/01 (12-97)

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3370.1 Attorney Docket Number **DECLARATION FOR UTILITY OR** David J. Lockhart First Named Inventor **DESIGN PATENT APPLICATION** COMPLETE IF KNOWN (37 CFR 1.63) 1 Application Number □ Declaration Filing Date 10/23/2001 Submitted after Initial OR Submitted With Initial Filing (surcharge Group Art Unit (37 CFR 1.16 (e))

Examiner Name

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Apparatus and Method for Processing Multiple Arrays of Biological Probes									
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DECLARATION — Utility or Design Patent Application

i heroby cisim the benefit under 35 U.S.C. 120 of any United States application(c), or 3650 of any PCT international application designating The United States of America, listed below and, insofar as the subject matter of each of the dalms of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose Information which is material to patentability as defined in 37 CFR 1.56 which become available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Filing Date Parent Patent Number** Number (MM/DD/YYYY) (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the

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Name		Registration Number		Name				Registration Number
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DAdditional regist	ered practitioner(s) nam	ed on supplemental Regi	sterec	i Prectitioner i	nforma	ation sheet i	TO/SB	102C attached herelo.
Direct all corresp		Customer Number or Bar Code Label		22886		OR	⊠ Cor	respondance address below
Name	Attymetrix, Inc.							
Address	General IP Counsel •	Legal Department						
Address	3380 Central Express	way						
City	Santa Clara			State	CA		ZIP	95051
Country	USA	Telephone	408/	731-6000			Fax	408/731-5392
I hereby declare the	at all statements made t	seroin of my own boarded	***	a form and the	e e il e te	10-22-2-1-		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are pumanable by nne or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor:

Given Name	(first and mid	idle (if any	())			Fa	mily Name o	r Sumame	
	DavjoyJ.		1 1	11			Lockn		
Inventor's Signature	Dave	W/	Lock	fun	7			Date	10/19/01
Residence: City	Del Mar	Sta		Cou	ntry	USA		Citizenship	USA
Post Office Address	510 Torre	Point Re	oad						
Post Office Address									
City	Dei Mar	State	CA	ZIP	9201	4	Country	USA	
Additional inventors as	e being name	d on the 1	supplement	al Additions	i Inveni	toris) si	neet(s) PTO/	RIASA effected	harato

[Page 2 of 2]

A petition has been filed for this unsigned inventor

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any	A pelition has been filed for this unsigned inventor						
Given Name (first and mid	dle (if any])	Family Name or Surrome					
Patrick P.		Zaminkar	•				
inventor's Roth Fan			Date 10-18-07				
Residence: City San Diego	State CA	Country	Chizenship				
Mailing Address 8550 Costa Verda	Blvd., #5221						
Mailing Address							
City San Diego	State CA	92122 ZIP	USA Country				
Name of Additional Joint Inventor, if any		A pelition has been file	d for this unalgned inventor				
Given Name (first and mid	die [if any])	F	amily Name or Sumeme				
		<u> </u>					
Signature Signature			Date				
Residence: City	State	Country	Citizenship				
Malling Address							
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Clly	State	Zip	Country				
Name of Additional Joint Inventor, if sny		A petition has been filed	l for this unsigned inventor				
Given Name (first and mide	ile (if anyl)	Fa	mily Name or Sumame				
inventor's Signature Date							
Residence: City	State	Country	Citizenship				
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Mailing Address							
City	State	Zlp	Country				
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DECLARATIO	ON	Su	IONAL INVENTOR(S) pplemental Sheet ge of			
Name of Additional Joint Inventor, if any:		A petition has been	filed for this unsigned inventor			
Given Name (first and midd	le (if anyl)	F	amily Name or Sumame			
Inventor's Signature			Date			
Residence: City	State	Country	Citizenship			
Mailing Address						
Mailing Address						
City	State	ZIP	Country			
Name of Additional Joint Inventor, if any:		A petilian has been file	d for this unsigned inventor			
Given Name (first and midd	le (if any))	F	amily Name or Surname			
James K.		Mainquist				
Inventor's Signature Danie M.	Mangriet		October 23, 2001			
Residence: City San Diego	State CA	Country USA	Citizenship USA			
Mailing Address 12895 Aida Street			·			
Maliing Address						
City San Diego	State CA .	Zip 92130	Country USA			
Name of Additional Joint Inventor, if any:		A petition has been file	d for this unsigned inventor			
Given Name (first and midd	le [if any])	Family Name or Sumeme				
Inventor's Signature Date						
Residence: City	State	Country	Citizenship			
Mailing Address						
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Authorized Name:

Alan B. Sherr

Electronic Signature Mark:

/Alan B. Sherr/

Date Signed:

20011023

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 33	103	\$ 18	13	\$ 234
Independent Claims: 6	102	\$ 84	3	\$ 252

Subtotal For Extra Claims Fees: \$ 486

ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid
Recording Each Patent Assignment Per Property Fee	581	\$ 40

Subtotal For Additional Fees: \$ 40